

WEC GROUP EMPLOYEE AMENDMENT FORM

EMPLOYEE DETAILS								
Full Name:								
			Mr/Mrs/Ms/Miss/Other (please specify)					
Location/Site:			Current Division:					
Current Manager name:			New Manager name:					
Current Department:			Last working day in current position:					
Current Hours/Days/ Nights	Days Nights							
Circle/Highlight days being worked: Monday			Tuesday Wednesday Thursday Friday					
Hours: Total hours per week:								
SALARY/JOB TITLE/NEW HOURS AMENDMENT SECTION								
Current Position (full job title): New Position (full job title): New Division:								
Current salary/ Rate:	New Sala	ry/ Rate:	Date effective from (Day/Month/Year):					
££								
HR USE ONLY: Does the employee have any live disciplinaries on file? Yes [] No []								
If Yes, please detail:								
New Hours/Days/ Nights per week: Days Nights								
Circle/Highlight days being worked: Mon Tues Weds Thurs Fri								
Hours: Total hours per week:								
Benefits:			Does this employee need:					
Shift Allowance:			Transferring from weekly to monthly pay? Yes [] No []					
Attendance Bonus:			A new restrictive covenants issuing? Yes [] No []					
			Holidays amending? Yes [] No []					
Full Reasons For Change:								
Signed by Manager:								
Date:								
Signed by Director/ Head of Department:								
Date:								
Signed by Managing Director:								
Date:								
Signed by HR: Date:								